

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | NUR      |        | 09-04-01 |
| O.I.P.E. CLASSIFIER       |          |        | 9-13-01  |
| FORMALITY REVIEW          | ET       | Jc878  | 10-4-01  |
| RESPONSE FORMALITY REVIEW | AM       | 917    | 06-04-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original | 12 07 3 |
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| Claim          | Date    |
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| Final Original | 3 19 04 |
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| Claim          | Date |
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| Final Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

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